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Bib Data Sheet

CONFIRMATION NO. 3037

SERIAL NUMBER 10/699,551	FILING DATE 10/30/2003 RULE	CLASS 347	GROUP ART UNIT 2861	ATTORNEY DOCKET NO. 2003-0103.02
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APPLICANTS

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	KY	3	33	4
Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Printhead swath height measurement and compensation for ink jet printing

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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